



DEPARTMENT OF PUBLIC WORKS
577 Massachusetts Avenue, Boxborough, Massachusetts 01719
(978) 264-1790
www.town.boxborough.ma.us

PROJECT ASSISTANCE REQUEST

Project Name: _____

Project Location: _____ Diagram Attached: Y-N

Requested Completion Date: _____

Requesting Organization: _____

Contact Person: _____ Contact Number(s): _____

Email: _____

Detailed Description of Scope of Work: _____

Materials/Equipment needed (*list all required materials/equipment e.g. gravel, pipe, stones, lumber paint, backhoe, etc.*):

Materials to be supplied by Organization: Y-N Equipment to be supplied by Organization: Y-N

Funding Source: _____ Approximate Cost: _____
(*account #, budget, article, etc.*)

I, _____ state that all required permits, licenses and/or authorization have been obtained specific to work described in this assistance request.

Conservation/Wetlands: Y- N n/a Zoning: Y- N n/a Building/Code Enforcement: Y- N n/a Planning: Y-N n/a

Other _____: Y- N n/a

Dated: _____ Signed: _____

DPW Estimates the Following Project Costs and Duration: _____

Materials Cost: _____ (if not provided by requestor)

Labor Cost: _____ (Depends upon availability of personnel)

Duration: _____ Working Days

Approval

Project Start Date: _____ Target Completion Date: _____

Note: Work may be spread over several days. Dates may vary due to Town Projects or Emergency Situations

Dated: _____
Thomas Garmon, DPW Director

cc. Bos Liaison